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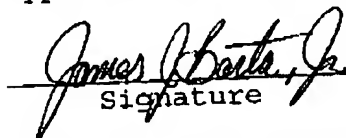
FACSIMILE TRANSMITTAL COVER SHEET

DATE: 03/10/2005 ATTORNEY DOCKET NUMBER: 164031.01 (4934)
PTO FACSIMILE NUMBER: (703) 872-9306PLEASE DELIVER THIS FACSIMILE TO: Examiner R. Perveen
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CERTIFICATION OF FACSIMILE TRANSMISSION

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Signature03/10/2005
DateType of paper transmitted: Amendment B; Request for ContinuedExamination transmittalApplicant's Name: Souza et al.Serial No. (Control No.): 10/003,338 Examiner: R. PerveenFiling Date: 10/31/2001 Art Unit: 2116 Confirmation No.: 5199Application Title: SELECTIVE SUSPENSION OF BUS DEVICESIF YOU DO NOT RECEIVE ALL PAGES CLEARLY, CALL BACK AS SOON AS
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MS#164031.01 (4934)
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit 2116

Application of Souza et al.
Serial No. 10/003,338
Filed 10/31/2001
Confirmation No. 5199
For SELECTIVE SUSPENSION OF BUS DEVICES
Examiner R. Perveen

March 10, 2005

REQUEST FOR CONTINUED EXAMINATION TRANSMITTAL

COMMISSIONER FOR PATENTS
P.O. BOX 1450
ALEXANDRIA, VIRGINIA 22313-1450

SIR:

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.

1. REQUIRED SUBMISSION:

- a. ☐ Previously submitted
- i. ☐ Consider the amendment(s)/reply under 37 C.F.R. §1.116 previously filed on _____
 - ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
 - iii. ☐ Other _____
- b. ☒ Enclosed
- i. ☒ Amendment/Reply
 - ii. ☐ Affidavit(s)/Declaration(s)
 - iii. ☐ Information Disclosure Statement
 - iv. ☐ Other _____

2. MISCELLANEOUS

- a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. §1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; fee required)
- b. ☐ Other _____

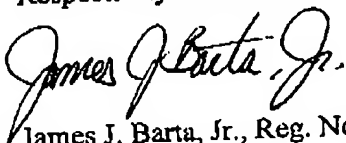
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3. FEES (Required when the RCE is filed)

- a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 19-1345. A duplicate copy of this sheet is enclosed for fee processing.
- i. ☒ RCE fee required under 37 C.F.R. §1.17(e)
ii. ☐ Extension of time fee
iii. ☐ Other _____
- b. ☐ Check in the amount of \$_____ is enclosed. The Commissioner is hereby authorized to charge any underpayment or credit any overpayment to Deposit Account No. 19-1345.

Respectfully submitted,



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IJB/cjl